



CISD BULLYING INCIDENT REPORT FORM

Name of student target (victim): _____

Date of incident: _____

Where did the incident occur?

- ☐ Classroom
- ☐ Hallway
- ☐ Restroom
- ☐ Locker room
- ☐ Lunchroom
- ☐ Parking lot
- ☐ School bus
- ☐ Internet
- ☐ Cell phone
- ☐ School activity/event
- ☐ Other

Check the statement that best describes what happened. Choose all that apply.

- ☐ Hitting, kicking, shoving, spitting, hair pulling, throwing something
- ☐ Getting another person to hit or harm someone
- ☐ Teasing, name calling, making critical remarks, threatening (in person or by other means)
- ☐ Making rude and/or threatening gestures
- ☐ Excluding or rejecting the student
- ☐ Intimidating, extorting, exploiting
- ☐ Spreading harmful rumors
- ☐ Cyber bullying
- ☐ Sexual harassment
- ☐ Other

Name of student(s) and what did the alleged bully(ies) say or do?

Why did the harassment or intimidation (bullying) occur?

Were there any witnesses? Yes or No

If so, please provide their names:

Did physical injury result from this incident? Yes or No

Is there any additional information you would like to provide?

Name of reporting person: _____

Today's Date: _____